PROVIDER AGREEMENT WORKSHEET



Thank you for your commitment to serving Washington State Medical Assistance clients! Before you are able to get reimbursement from the Department, we need you to complete the enclosed Core Provider Agreement and mail the needed items below based on your specialty. Please mail all needed documents to us so we are able to process your application.

ΛII	Providers	nood to	cubmit :	thoso do	cumonts-	licaneae:
AΠ	Providers	neen to	SHOMIT	tnese no	cuments=	ucenses.

 Copy of current professional license 	 Medicare certification (If applicable)
--	--

- ✓ Copy of Liability Insurance
 ✓ Business License
- Drug Enforcement Administration certification
 Copy of Internal Revenue Services W-9 Form (If applicable)

In addition to the items above, the following providers also need to send:

Ambulatory Surgery Centers

Department of Health & Human Services -Medicare certification for Ambulatory Surgery Centers

Dentists

- Conscious Sedation/General Anesthesia Permit (If applicable)
- Oral Surgeons: Oral Maxillofacial Surgery Residency certificate required
- Access to Baby & Child Dentistry (ABCD) completion of training certificate (If applicable)

Home Health Agency

- ✓ Home Health license from Department of Health
- Copy of Medicare Certification (T-18)

Hospice

- ✓ Copy of Medicare certification (T-18)
- Hospice license

Hospitals & Lab Facilities

✓ Clinical Laboratory Improvement Amendments (CLIA) Certificate

Indian Health (Please check the boxes that apply):

the state of the s									
V	What services will you be billing for?								
	☐ Medical	□ Dental	☐ Mental		Chemical	□ Other			
			Health		Dependency				
✓.	What rate will ye	ou be billing?							
	☐ Encounter F	☐ Fee for Service							
4	If you will be hiller a Fee for Ormics and see the second of a manager below O								
V	If you will be billing Fee for Service, please choose the appropriate program below?								
	☐ Medicaid	□ GAU	□ ADASA		□ Other				

Psychiatrists

✓ Graduate of Psychiatry Resident Program Certificate

Registered Nurse First Assist (RNFA) (Surgical Assists)

- RNFA Certification
- ✓ Certified Nurse Operating Room (CNOR) Certification
- ✓ Written documentation of allied health personnel privileges in all hospitals
- ✓ Letters of recommendation to assure quality of care as RNFA

If you have any questions or need help, please call our customer service helpline at 1.800.562.3022. You will receive information from us regarding your enrollment.